

Specialty training handbook

A guide to the RCR's role in training

Contents

Introduction	3
1.RCR objectives	4
2.What we do	4
3.What we don't do	5
4.Leadership in the College	6
5.Decision-making in the College	6
6.Who we are	7
7.Other organisations with roles in training	9
8.Careers promotion	10
9.National recruitment	11
10.Curricula	12
11.Progressing through training	14
12.Trainee welcome events	17
13.ePortfolio	17
14.CCT	18
15.RCR trainee forums	19
16.Exams	19
17.RCR resources	20
18.Support for trainers	21
19.Quality assurance	22
20.Regional Specialty Advisers (RSAs)	23
21.The International Sponsorship Scheme	24
22.Communications	24
22.Contacts	25

Introduction

This handbook is designed to help trainees, trainers and anyone else involved in the training of clinical radiologists and clinical oncologists. It describes The Royal College of Radiologists' (RCR) role in training and summarises the functions provided by the RCR.

This handbook describes all aspects of the RCR's work that relate to the training of clinical radiologists and clinical oncologists up to the point of entry to the specialist register. Most services are provided in parallel for clinical radiology and clinical oncology.

1. RCR objectives

Through our work in supporting training in clinical/interventional radiology and clinical oncology our objectives are:

- To promote the specialty as a career choice offering opportunities for development of areas of special interest, including academic pathways
- To ensure that national recruitment processes are practical and fair for trainees and recruiters and are optimised to ensure high-quality trainees enter the specialty
- To ensure that the training curriculum is at all times relevant, realistic and meets the standards set by the General Medical Council(GMC)
- To track trainees' progress from recruitment to Certificate of Completion of Training (CCT), providing responsive, helpful advice to them as their circumstances change
- To be supportive of trainees who want to consider flexible working, academic and research opportunities or other periods out of programme, while maintaining defined training standards
- To lead the way nationally on all aspects of training and to support training programmes in their delivery of training by providing up-to-date, relevant and complete information and guidance
- To provide resources to support training programmes in ensuring that supervisors and assessors are trained for their roles and that trainees understand the nature of their curriculum and training
- To ensure that the formative workplace-based assessments required for trainees are realistic and useful to trainees and/or trainers
- To provide high-quality examinations as a summative measure of trainees' progress through the curriculum, with evidence of appropriate validity and reliability
- To provide tools (notably an e-portfolio) to support trainees and trainers in gathering and reviewing evidence of progress
- To quality assure aspects of specialty training and provide evidence of this to the GMC.

2. What we do

The RCR provides a wide range of support to training as outlined below.

- We provide careers information, resources and advice to promote our specialties and encourage trainees into them.
 - We work in partnership with Health Education England (HEE) to manage national recruitment into the first year of training for both specialties across all of the UK (excluding radiology in Northern Ireland).
 - We make the case for ensuring that the number of training places in our specialties is in line with the expected workforce demand.
 - We write the national training curriculum, but any changes must be approved by the GMC before they can take effect. Only the GMC-approved curriculum can form the basis for recognised training leading to a CCT.
 - We enrol new trainees as members of the College, provide them with access to an e-portfolio, track progress and adjust trainees' CCT dates accordingly. This includes sharing information about trainees' progress at annual reviews of competency progression (ARCPs) with the Local Education and Training Boards (LETB)/deaneries.
 - We make recommendations to the GMC for trainees to be awarded a CCT.
-

- We appoint regional specialty advisers (RSAs) to be a local voice for the College, offer support and advice to training programmes and trainees, and assist the College with quality assurance of training.
- We monitor issues with national or local quality of training, based on a variety of sources such as RSAs, trainees, the GMC national training survey etc, and provide an annual specialty report (ASR) to the GMC.
- We provide guidance and advice to trainers and trainees to help them to ensure that training is effective and in line with the expected standards. This is done both centrally, via our website and other communication channels, and individually by answering specific queries via email and telephone.
- We manage all aspects of the FRCR examinations, which are a requirement for the award of the CCT.
- We provide educational opportunities for trainers, such as our Supervisor Skills and Training the Trainers courses.
- We provide networking and information-sharing opportunities for heads of training from across the UK.
- We support the Junior Radiologists' Forum (JRF) and Oncology Registrars' Forum (ORF). These trainee representative bodies act as a conduit for information and provide an important trainee voice in all College activities.

3. What we don't do

Some elements of training fall outside of the RCR's remit, including those listed below.

- Manage the websites or practical arrangements used for national recruitment.
 - Get involved in local recruitment of trainees beyond the first year of training.
 - Make decisions on how many trainees are recruited each year – this is done by LETBs/ deaneries, under the direction of national education bodies (such as HEE).
 - Have responsibility for the delivery of training around the UK.
 - Approve, recognise or accredit training programmes or locations – the GMC does this. We will be asked for support for new or expanded programmes or locations but we do not have the authority to take decisions on these. Similarly, we have no power to withdraw training from any location.
 - Visit or inspect training programmes – this is a combination of local quality management and national GMC processes.
 - Appoint heads of schools, training programme directors (TPDs) or supervisors. Often we are asked to participate in the recruitment of new heads of school and think College input is important, but we cannot mandate it.
 - Manage or have responsibility for the quality of regional or local training. This is the responsibility of the LETBs/deaneries.
 - Award the CCT.
 - Recognise or approve individual trainers.
-

4. Leadership in the College

For each faculty there is an elected Medical Director, Education & Training (MDET) – the elected College Officer who leads and takes responsibility for all aspects of specialty training.

The Medical Director, Education and Training's responsibilities are to:

- Lead the development of specialty training policy and strategy to deliver the objectives set in the [College's Strategic Plan](#)
- Chair the Specialty Training Board and ensure that it meets the responsibilities defined by its terms of reference
- Support training programmes in their delivery of training
- Promote the specialty as a career choice
- Advise and guide College staff in the delivery of specialty training activities
- Represent the College externally on specialty training policy issues and activities.

These roles were formerly known as the 'Wardens' and, during their term of office, the MDET becomes the 'Warden of the Fellowship' for one or two years. This role carries certain formal responsibilities, including chairing the annual meeting of the Fellowship Assessment Panel and taking a lead role in the admission ceremonies.

The Executive Director, Education is the senior manager in the College who works closely with the two MDETs and ensures appropriate staff and other resources are in place.

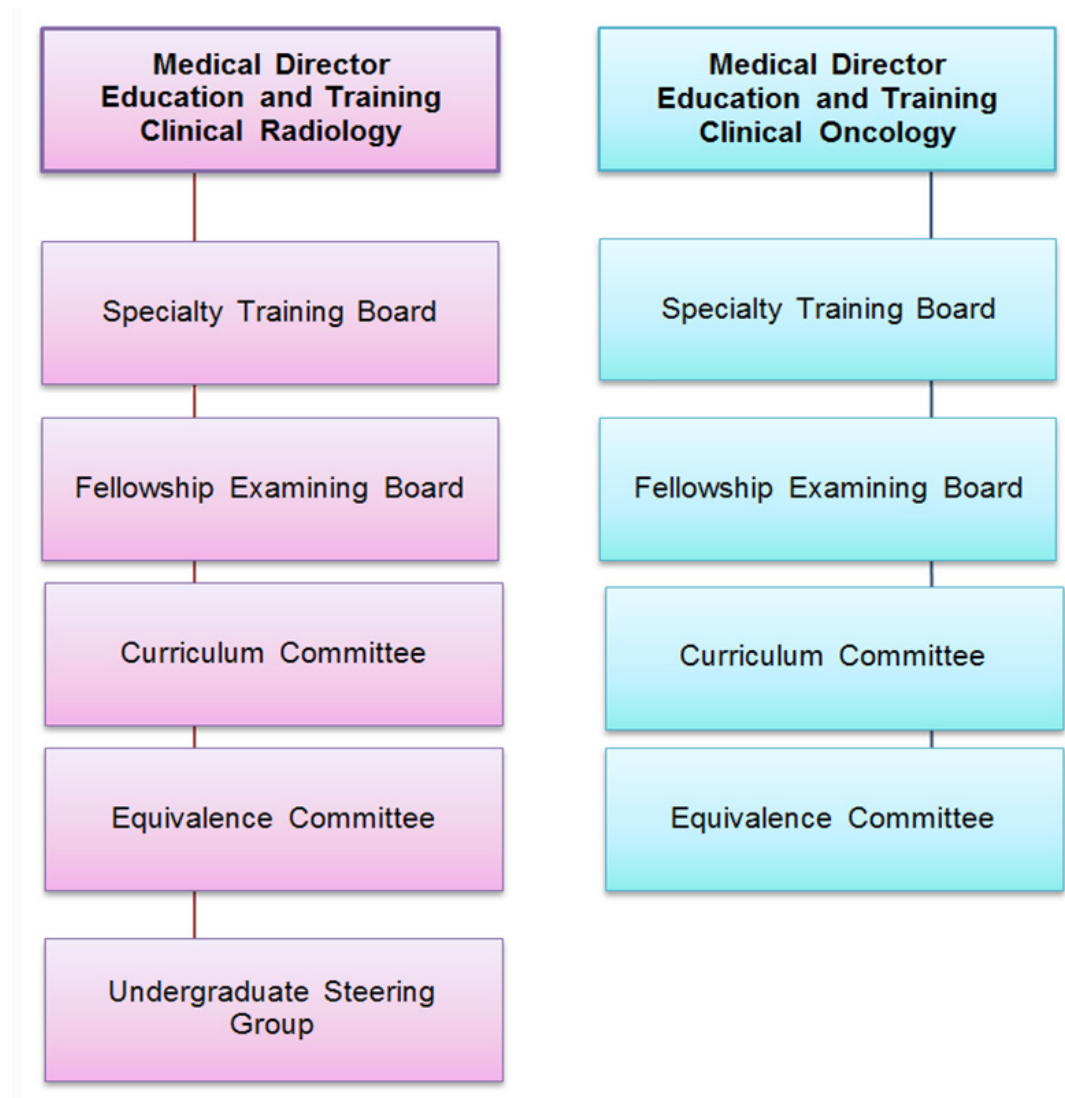
5. Decision-making in the College

Much of the decision-making in the College is separated into two Faculties – Clinical Radiology and Clinical Oncology. The two Faculty Boards are responsible for overall management of the Faculties but training work is largely delegated to the Specialty Training Boards (STB).

The Specialty Training Boards, chaired by the Medical Directors, Education & Training, are the bodies that lead on all matters of postgraduate training. Membership of the STBs is a mixture of elected positions, appointed experienced trainers, and others by virtue of the position (such as Chair of the Fellowship Examination Board). It is common for STB members to be current or former heads of school, Training Programme Directors, RSAs etc.

A number of other committees and boards report in to the Specialty Training Boards:

- Curriculum Committees – advise on curriculum and assessment procedures
 - Fellowship Examination Boards
 - Equivalence Committees – advise on applications for entry to the GMC Specialist Register from doctors who have not undergone formal specialist training in the UK.
-



6. Who we are

Executive Director, Education

The Executive Director leads education and training policy development for the College and ensures the effective delivery of education and training functions.

The Training Team

The Training Manager, supported by a team of two administrators, is responsible for supporting and monitoring doctors through specialty training leading to making recommendations for entry to the GMC Specialist Register. At any one time there are approximately 1,400 radiology trainees and 450 clinical oncology specialty registrars in training who the team is supporting.

The main duties of the team include:

- Enrolling all new trainees within both specialties
- Maintaining records of trainee progress
- Approval of out-of-programme experience
- Monitoring and administration of the e-portfolio system
- Organising annual trainee welcome events
- Processing applications and making recommendations for award of CCTs
- Maintaining records of regional specialty advisers, heads of school, training programme directors and College tutors
- Preparing content for, and managing submission of, Annual Specialty Reports
- Co-ordinating the appointment and activities of external advisers to ARCP panels
- Managing the process for identifying and investigating concerns about training
- Ensuring training sections of website are up to date, relevant and complete
- Arranging travelling professorships.

Training Policy and Projects

The Training Policy and Projects Manager supported by one administrator is responsible for co-ordinating and contributing to many of the activities which underpin the development of College policy in relation to training and delivering related activities and projects.

Responsibilities include:

- Provision of advice and guidance to Officers, committee chairs and members and so on, on all specialty training issues
- Development of draft standards and policies for approval by relevant committees/boards
- Advising and supporting relevant RCR boards and committees
- Development and maintenance of careers promotion resources, including providing support to local careers activities
- Administration of the Undergraduate Radiology Societies Association (URSA) and associated activities
- Oversight of the national selection processes for recruitment and liaison with the lead recruitment organisations.

The Examinations Team

The Examinations Manager, supported by a team of seven staff, is responsible for organising and delivering the fellowship of the RCR (FRCR) examinations.

The College runs three sittings of postgraduate medical FRCR examinations each year in various locations, including overseas. These encompass a range of formats such as written papers (single best answer, true/false multiple choice and short essay style), orals and clinicals. The examinations team process around 6,000 candidate applications per year. In addition to organising and delivering examinations and the subsequent release of results, other duties include:

- Providing detailed guidance to candidates and their trainers

- Maintaining and editing question and image banks and the compilation of question papers
- Arranging venues and invigilators
- Co-ordinating adjustments for candidates with additional requirements
- Processing appeals and re-marks
- Recruiting, training and supporting College examiners, of which there are usually around 150 in any given year
- Overseeing a range of examination projects
- Managing, compiling and analysing statistical information on examinations
- Policy development and review.

Curriculum and Equivalence

The Curriculum and Equivalence Officer works with the Curriculum Committees to maintain the training curricula, consulting with a wide group of stakeholders on proposed changes. They also manage the College's work on behalf of the GMC in reviewing applications for entry to the Specialist Register from oncologists and radiologists who did not complete their training in the UK.

7. Other organisations with roles in training

General Medical Council (GMC)

The GMC regulates all stages of doctors' training in the UK, from medical school onwards. They aim to promote high standards and ensure that medical education and training reflects the needs of patients, medical students and trainees, and the health service as a whole.

Health Education England

HEE was established in 2010 to be responsible for planning and commissioning and delivering education for a wide range of professions, including but not just doctors. HEE operates through 13 'local teams':

- East of England
 - East Midlands
 - Kent, Surrey and Sussex
 - North Central and East London
 - North East
 - North West
 - North West London
 - South London
 - South West
 - Thames Valley
 - Wessex
 - West Midlands
 - Yorkshire and the Humber
-

These largely correspond to the old deaneries and the 'deanery' name is still widely used day-to-day.

NHS Education for Scotland (NES)

NES is an education and training body and a special health board within NHS Scotland, with responsibility for developing and delivering education and training for the healthcare workforce in Scotland.

Within NES, the Scotland Deanery manages the training of doctors. There are four regions each with their own postgraduate dean:

- East
- North
- South-East
- West

Northern Ireland Medical and Dental Training Agency (NIMDTA)

NIMDTA is responsible for funding, managing and supporting postgraduate medical and dental education in Northern Ireland, and is led by a postgraduate dean.

Wales Deanery

Funded by the Welsh Government, the Wales Deanery is responsible for funding, managing and supporting postgraduate medical and dental education in Wales, and is led by a postgraduate dean.

COPMeD

COPMeD is the Conference of Postgraduate Medical Deans (UK). It provides a focus for those responsible for the strategic overview and operational delivery of postgraduate medical training in the four nations of the UK.

Academy of Medical Royal Colleges

The Academy is the co-ordinating body for the UK and Ireland's 24 medical royal colleges and faculties, facilitating and co-ordinating discussion between them.

8. Careers promotion

The College has a range of resources to support the promotion of careers in both specialties.

Website: Sections of the College website provide a range of information about careers in the specialties as well as guidance on how to find out more and how to make yourself competitive for selection. These are aimed at everyone from school students through to foundation and core trainees. Included on these pages are 'Day in the life' accounts from trainees and consultants; videos showing what the training is like and accounts from current trainees; advice on what the training pathway looks like; and tips on how to enhance your CV at different stages of early medical training.

Clinical Oncology Careers <https://www.rcr.ac.uk/clinical-oncology/careers-recruitment/thinking-about-career-clinical-oncology>

Clinical Radiology Careers <https://www.rcr.ac.uk/clinical-radiology/careers-recruitment/thinking-about-career-clinical-radiology>

Promotional activities: The College now takes stands at both the British Medical Journal Careers Fair and the Royal Society of Medicine Specialty Careers Fair each year.

Physical resources: There are new brochures promoting careers in both specialties and these can be sent out to anyone who is attending local careers fairs. There is also a range of RCR branded promotional items such as USB sticks, notepads and pens.

Local careers activities and RCR support available

Research has shown that local engagement with the specialties and contact with radiologists and clinical oncologists does more to encourage applications to the specialties than anything else so there is a lot you can do to help inspire the next generation.

- Set up taster weeks that give a real insight into day-to-day life as a radiologist or clinical oncologist.
- Do everything you can to ensure Core Medical Training (CMT) oncology rotations include experience of radiotherapy planning and outpatient clinics.
- Get involved in local careers events and ask the College to send you materials.
- Direct students, foundation and core trainees to the RCR website.
- Most importantly, talk to medical students, foundation and core trainees about your specialty and why you love it.

If you know of a local careers event that is taking place or you are planning to attend one yourself to promote your specialty, we can support you in a number of ways:

- We will send you a pack of materials, including the careers brochures, posters, and promotional items to hand out at the event
- We will send you a looping powerpoint presentation that can either be displayed at a stand or that could be adapted and used as background to a talk on the specialty
- If you can't attend the event yourself, we may be able to help in finding someone who can

Contact clinicalcareers@rcr.ac.uk

9. National recruitment

Clinical radiology

Recruitment and selection into clinical radiology and nuclear medicine training posts in England, Scotland and Wales is carried out through a nationally co-ordinated process run in partnership by the College and HEE London and South East Recruitment (formerly part of the London Deanery).

Approximate timetable:

- November – December – Application window open
 - January – Specialty Recruitment Assessment tests at a number of local test centres
 - February – Interviews (held in London over four days)
 - Mid February – early March – Offers circulated.
-

Clinical oncology

Recruitment and selection into clinical oncology training posts across the whole of the UK is carried out through a nationally co-ordinated process run in partnership by the College and HEE London and South East (LaSE) Recruitment (formerly HE Kent, Surrey and Sussex [HEKSS]). Two rounds are held each year, one in the Spring and one in the Autumn.

Approximate timetable for round one

- February – Application window open
- Early April – Interviews
- Late April – Mid May – First wave of offers circulated.

Approximate timetable for round two

- August – Application window open
- Late September – Interviews
- Early-mid October – First wave of offers circulated.

Although the detail of the selection activities is different, the underlying process for both specialties is as follows:

- Applications are submitted using the ORIEL online recruitment system. Applicants can apply for multiple specialties
- Applicants preference their preferred locations on application, excluding themselves from a geography or stating no preference
- Clinical radiology and nuclear medicine candidates must book to sit a specialty recruitment assessment (SRA) test at a local test centre. The SRA is used to shortlist-out only the lowest scoring applicants and the remainder are ranked based on their test score, with approximately the top 400 receiving an invitation to interview
- Eligible applicants receive an invitation to one central selection process in London
- Applicants are scored at multiple selection stations and ranked. They must meet a minimal appointable level
- The highest ranking applicants are offered training places through ORIEL.

10. Curricula

The curricula for all UK clinical radiology and clinical oncology training are written by the RCR, but must meet standards set by, and be approved by, the GMC. This includes the subspecialty curriculum for interventional radiology. The curricula are publicly available on the RCR and GMC websites.

Each year we invite the radiology special interest groups (for example the British Society of Neuroradiologists) and Clinical Oncology Online Forums (COOFs) to make suggestions for necessary updates to the curriculum. When we are proposing changes of any significance we consult trainees via the ORF and JRF and heads of training. We are also required to consult the relevant lead dean and NHS employers' organisations.

All trainees start their training on the current version of their specialty curriculum. In the interests of patient safety and educational quality, the GMC requires trainees who are working towards a CCT to be working to the most recent curriculum and assessments.

This is usually checked at the point that they move from one year to another within the programme (usually at the trainee's ARCP). If there have been published changes to the curriculum, trainees will move to the latest version at the next ARCP following the publication of the new curriculum. This will mean that trainees will be trained and assessed against the most recent standards for the specialty. Whenever we finalise a new version of the curriculum we also publish a 'mapping and transition' document describing the changes and the arrangements for moving from the previous version.

The structure of training in both specialties is similar, with the first three years covering a wide range of core topics and the last two years allowing opportunities for more specialisation. Although these areas of special interest are sometime informally referred to as subspecialties, the only subspecialty recognised by the GMC that we have is interventional radiology.

Interventional radiology

Clinical radiology trainees wishing to undertake subspecialty training in interventional radiology (IR) must transfer to this curriculum at the end of their third year of training. This includes interventional neuroradiology (INR).

IR subspecialty training requires an extra year of training (ST6).

In 2015 the GMC introduced new requirements intended to lead to greater consistency and oversight of all aspects of subspecialty recruitment and training.

The GMC require that the process for recruitment, selection and appointment into subspecialty training posts must be 'open, fair and effective to ensure that there is equity for trainees'. The recruitment process can be locally or nationally managed but:

- Must be 'competitive with a fair, transparent (published) and open selection process'
- Must use a nationally agreed person specification and
- Posts must be advertised
- Competition ratios should be published.

It is acceptable for subspecialty training posts to be either advertised nationally and open to any trainee from any LETB or deanery, or to be appointed locally and only open to trainees holding an national training number (NTN) within that specific LETB/deanery or training programme. Whichever method is used, all recruitment must be carried out against an agreed national person specification.

The RCR has worked with the British Society of Interventional Radiologists (BSIR) and the British Society of Neuroradiologists (BSNR) to develop and agree a national person specification for recruitment into ST4 IR/INR subspecialty training posts. It is recognised that these posts can vary quite considerably so effort has been taken to keep the person specification as generic as possible to allow for maximum flexibility, while still setting out the key eligibility and selection criteria that should apply to all.

A separate independent ARCP outcome is to be recorded for the subspecialty training in addition to the parent specialty. This does not require a separate meeting to be held and the same ARCP form that is used for clinical radiology can be used for IR/INR posts. This form has been adapted slightly to include a tick box to meet the subspecialty requirement. It is unlikely that different outcomes could be demonstrated for CR and IR progress.

The College recommends that both CCT and subspecialty recognition are applied for at the end of the sixth year of training. The College will extend the trainee's CCT date once informed of the intention to move to the IR curriculum.

Nuclear medicine

Nuclear medicine is a specialty in its own right, managed by the Joint Royal Colleges of Physicians Training Board (JRCPTB). Trainees must complete core medical training prior to entry. The nuclear medicine curriculum has recently had a major rewrite and trainees now spend their first three years undertaking core radiology training completing the FRCR examinations. They enroll with the RCR and use the radiology e-portfolio and assessments. After the first three years they spend a further three years specialising in nuclear medicine.

Nuclear medicine trainees who demonstrate maintenance of core radiology skills up to the point of CCT can apply for a clinical radiology entry in the GMC's Specialist Register, via an equivalence process.

Radiology trainees can continue to acquire skills in nuclear medicine techniques by specialising in the radionuclide radiology component of the clinical radiology curriculum. They can also apply for 'year 6' entry to nuclear medicine training. Entry to the Specialist Register in nuclear medicine requires having previously undertaken core medical training or an appropriate alternative and completion of the Diploma in Nuclear Medicine as defined in the nuclear medicine curriculum.

11. Progressing through training

Enrolling with the RCR

Trainees are required to enrol with the RCR and stay as members while they are in training. The RCR records information about their progression, out of programme information (for those who have left their programme to undertake research, maternity or paternity leave, or have a career break and so on) and any time spent working less-than-full-time to calculate the earliest date they can complete training.

It is most important that trainees keep the RCR informed about any changes to their training so that we can advise them and their training supervisors about the effects of these on their eligibility for the FRCR examinations and the expected date for the completion of their specialty training.

Changes to the number of sessions per week at which someone is training, absence from training for sickness or maternity leave purposes, periods of training abroad or in other training programmes should all be notified to the RCR Training Team. All calculations will be made on the basis of months in training or whole-time equivalent (WTE).

Less than full-time training (LTFT)

All doctors in training can apply to their training programme for flexible training. While every application will be treated positively, it is expected that those with Category 1 reasons for training flexibly will be accommodated. Where practical, all efforts will be made to provide flexible training for those applicants with reasons in Category 2.

Most training programmes have a consultant lead for LTFT training and many schemes or deaneries will have specific advisers. There is often a LTFT trainee representation on

local faculty groups and the JRF and ORF have LTFT advisers, who work with the RCR LTFT advisers to ensure the perspective of LTFT trainees is considered.

Category 1

Those doctors in training with a disability or ill health, or responsibility for caring for children or an ill/disabled partner, relative or other dependent. These result in the individual doctor or dentist being professionally disadvantaged by circumstances, and less able to fulfill their potential on a full-time rather than on a part-time basis.

Category 2

Those doctors in training with unique opportunities for their own personal/professional development; for example, training for national/international sporting events; or short-term extraordinary responsibility; for example a national committee. Doctors with a religious commitment such as training for a particular religious role which requires a specific time commitment or non-medical professional development such as management courses, law courses, fine arts courses or diploma in complementary therapies. Other well-founded reasons may be considered but it would be dependent on the particular situation and the needs of the specialty in which the individual was training

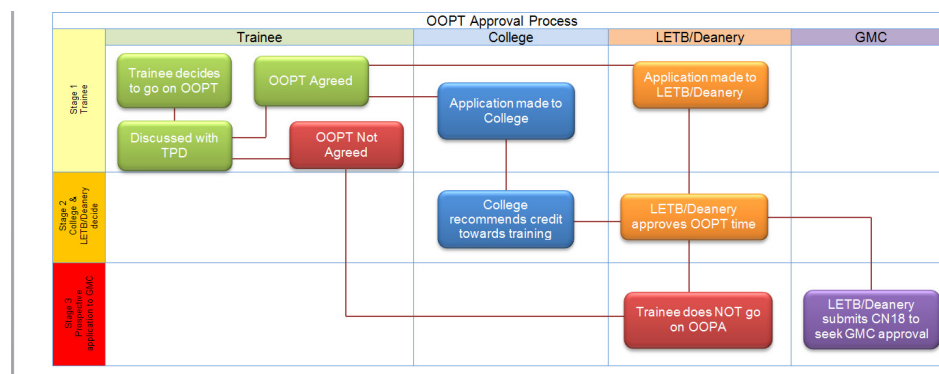
Out of programme activities (OOPA)

Time spent out of programme can be hugely beneficial – on a number of levels – as well as enjoyable and rewarding. The abbreviation 'OOPA' is used as a general collective term for all types of out of programme activities. The definitions of the three types of formal OOPA are:

- Out of Programme Experience (OOPE): any out of programme activity that is not to be counted towards the trainee's CCT.
- Out of Programme Research (OOPR): a period of research from which the trainee may receive partial credit towards their CCT.
- Out of Programme Training (OOPT): a period of training undertaken outside the trainee's own training programme that is to be counted (whether partially or in its entirety) towards their CCT. OOPT includes secondment to another training programme, a fellowship post (whether in the UK or abroad) and 'acting up' as a consultant that is undertaken outside the trainee's training programme. Trainees 'acting up' at a location within their home training programme do not need to apply for approval.

Trainees may also consider taking a break in their training. While this is not technically an activity, for clarity it is described as an 'Out Of Programme Career Break' (OOPC). Breaks of this nature should be notified to the Training Team at the College through submission of a completed RCR OOP form. The College will revise the trainee's expected CCT date.

The GMC has established procedures for the approval of OOPR and OOPT, which need to be observed for a trainee to receive credit from the activity towards their CCT. All OOPA permission must be obtained prospectively. The GMC will not approve credit for any OOPA which has already commenced at the time of the application.



Approval process rules:

- The College provisionally approves credit – NOT if a trainee can go out of programme
- LETB/Deanery decides if a trainee can go out of programme
- College and LETB/Deanery make decisions concurrently
- Onus is on trainee to apply within expected timelines
- NO retrospective applications will be accepted by the GMC
- GMC approval is not required where the OOPT location is an approved training location. Approved locations are listed on the GMC website at <http://www.gmc-uk.org/education/28373.asp>

Special leave

The GMC has determined that within each 12-month period where a trainee has been absent for a total of 14 days or more (when a trainee would normally be at work), this will trigger a review of whether the trainee needs to have their CCT date extended.

This includes all forms of absence such as sickness, maternity, compassionate paid/unpaid leave other than study or annual leave or prospectively approved out of programme training/research.

The administration of any absence or extension to training will be undertaken by the relevant LETB/deanery.

Extensions via annual review of competency progression (ARCP)

If there are concerns about a trainee's performance, based on the available evidence, the trainee must be made aware of these. Trainees are entitled to a transparent process in which they are assessed against agreed published standards, told the outcome of assessments and given the opportunity to address any shortcomings.

ARCP Outcome 3: Inadequate progress – Additional training time required

If an ARCP panel has identified that a formal additional period of training is required which will extend the duration of the training programme; that is, the anticipated CCT date, the trainee, educational supervisor and employer will need to receive clear recommendations from the panel about what additional training is required and the circumstances under which it should be delivered (such as concerning the level of supervision).

It will, however, be a matter for the LETB/deanery to determine the details of the additional training within the context of the panel's recommendations, since this will depend on local circumstances and resources. Where such additional training is required because of concerns over progress, the overall duration of the extension to training should normally be for a maximum of one year, unless exceptionally, this is extended at the discretion of the postgraduate dean, but with an absolute maximum of two years additional training during the total duration of the training programme. The extension does not have to be taken as a block of one year, but can be divided over the course of the training programme as appropriate.

12. Trainee welcome events

The College provides welcome events for both specialties to introduce new trainees to their training and the work of the College. All new trainees will be invited to these at the time of enrolling. Attendance is free but we cannot pay for travel costs.

Due to annual CR recruitment numbers there are currently four CR events and one CO event. Two of the radiology events are held in different national locations outside London and two are held at the College. The CO event is held at the College.

The programme typically includes:

- Overviews of training, curriculum and assessment
- Advice from current trainees and educational supervisors
- Information about examinations and hints and tips for preparation
- The work of the RCR trainee forums (JRF/ORF)
- Support structures available both at the start and throughout training.

13. ePortfolio

The ePortfolio includes:

- A collection of evidence (such as workplace based assessments) to inform decisions about a trainee's progress (see note below)
- Tools to support a trainee's education and development, for example reflective practice
- Representation of the relevant curriculum
- Support for educational appraisal
- Support for Annual Review of Competence Progression (ARCP).

Access to the eportfolio is restricted to:

- Trainees in the specialties of clinical radiology, clinical oncology and nuclear medicine
 - Supervisors of these trainees (clinical and educational supervisors)
 - College tutors
 - Training programme directors
 - Heads of school
 - ARCP Panels
 - The RCR Training Team for the purposes of support, development and for making recommendations for the award of CCT
-

- Access is not provided to the GMC.

Local LETB/deanery administrators have responsibility for some of the more detailed administration, such as recording post details and linking trainees to supervisors. Trainees also have self-administration rights to make these changes.

Note: WpBA should be used to sample the trainee's performance. The syllabus section of the eportfolio allows trainees to link WpBAs to individual curriculum competencies. It is not necessary for the trainee to have a WpBA or other evidence linked to every learning outcome. Providing the trainee demonstrates the relevant competencies during a clinical attachment and the clinical supervisor is satisfied that the competencies have been achieved, the trainee may successfully progress at their ARCP.

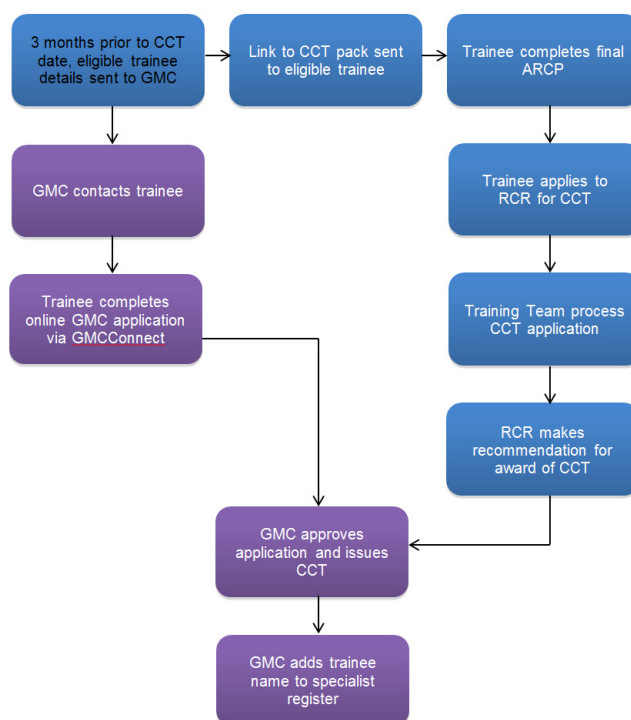
14. CCT

When trainees successfully complete the minimum period of time in training, the RCR recommends to the GMC that they are eligible for a certificate of completion of training (CCT). Once they have been awarded the CCT, they are added to the GMC's Specialist Register and they are eligible to be appointed to substantive consultant posts.

Although they can start applying for jobs before the completion of training, trainees must fulfil the approved GMC procedure for entry to the Specialist Register before they may take up a consultant appointment. The RCR processes CCT applications on a weekly basis but the process can take up to 3–4 weeks to move through the College and the GMC.

The GMC have imposed a time limit on CCT applications. Doctors must submit their applications within 12 months of their completion date to qualify for a CCT. After this point, they will be required to use the CESR route to apply directly to the GMC if they wish to attain Specialist Registration – this would be expensive and time-consuming.

Application procedure



The clinical oncology curriculum requires the completion of a minimum of one year of post-FRCR training prior to the award of a CCT. This period is calculated from the successful pass date of the Final Part B examination.

15. RCR trainee forums

The Junior Radiologists' Forum (JRF)

The Junior Radiologists' Forum (JRF) is an elected body of trainees. It represents the interests of all clinical radiology trainees within the College and facilitates communication, as well as ensuring the involvement of trainees in the College's work. The JRF acts as a source of support, resources and guidance for trainees, supporting the College's quality assurance of training in the process.

The membership of the JRF consists of one elected representative from every training programme in the UK, plus national representatives of both less than full-time trainees and academic trainees. The Forum meets twice a year and is led by an elected Chair and executive committee.

The Oncology Registrars' Forum

The ORF's main purpose is to provide a route of communication, information and resources for all those undergoing specialty training in clinical oncology in the UK. The ORF consists of one trainee elected from every region in the UK plus a national representative of less than full-time trainees.

ORF and JRF representatives sit on most of the College's main committees.

Trainees should feel free to contact their local ORF or JRF representative or the RCR secretariat. If either your representative or the secretariat does not have the answer/guidance that you need they will put you in touch with someone who does.

16. Exams

The Fellowship Examination has a very significant role in the assessment of trainees in clinical radiology and clinical oncology, but is also a widely sought-after mark of quality for overseas doctors. The various components have been designed to assess the knowledge and skills of trainees as they progress through a number of levels of competence and to demonstrate readiness to progress to the next stage of training.

The award of the FRCR indicates that the candidate has attained the required level of competence across the components of the core curriculum, and is ready to undertake special interest training. At the same time the examination provides the public with an assurance that radiologists and oncologists in training are being assessed to a consistently high standard and that the holders of the Fellowship have achieved a nationally recognised high quality of clinical performance.

FRCR examinations can only test what is in the approved curriculum and significant changes to the examinations must be approved in advance by the GMC.

Full details of examinations formats, administrative processes and policies are on the RCR website.

FRCR examinations overview

Clinical oncology

First FRCR	(CO1)	Four modular examinations using 'single best answer' (SBA) questions.
Final FRCR A	(CO2A)	Integrated SBA examination
Final FRCR B	(CO2B)	Clinical performance and structured oral examination

Clinical radiology

First FRCR	(CR1)	Two-part knowledge test using recognition of anatomical clinical images with a 'name the structure' approach and true/false format multiple choice questions (MCQ) to assess physics knowledge
Final FRCR A	(CR2A)	Currently a modular assessment of six curriculum modules but moving to a single examination from December 2017, both using SBA format to questions.
Final FRCR B	(CR2B)	A tripartite assessment comprising 'reporting' and 'rapid reporting' formats, and a case-based oral examination

17.
RCR resources

RCR Learning



RCR Learning, launched in April 2017 and accessible via www.rcrllearning.org, pulls together existing educational resources and new ones to create a brand new offering of face-to-face and free e-learning activities. It includes the traditional face-to-face events including the annual conference as well as a webinar programme, access to the CPD video library plus e-learning sessions, podcasts, interesting cases, quizzes and Post Graduate Certificates in Medical Education in both radiology and oncology. It provides a one-stop-shop for all the CPD activities provided by the RCR and some other high-quality sites such as e-Learning for Healthcare which provides R-ITI and Radiotherap-e. RCR Learning is a free resource available only to Fellows and members of the RCR.

e-Learning for healthcare

e-Learning for Healthcare (e-LfH) is a Department of Health Programme in partnership with the NHS and professional bodies providing high-quality content free of charge for the training of the NHS workforce across the UK. Access is free to anyone with an NHS email address.

R-ITI



R-ITI is the innovative award-winning e-learning resource for trainee radiologists. It was the first e-LfH project, with content created by the RCR. R-ITI supports and enhances the learning of specialist registrars in their core radiology training, breaking down the radiology curriculum into 15 modules by subject area and consisting of around 750 bite-sized e-learning sessions.

Radiotherap-e



Radiotherap-e is the e-LfH educational resource for advanced radiotherapy produced in partnership with the RCR, the Institute of Physics and Engineering in Medicine and the Society and College of Radiographers.

The programme provides online resources to support the development of the necessary knowledge and practical skills to implement advanced radiotherapy techniques safely and efficiently.

Links to other resources may be found on the RCR website: www.rcrlearning.org

18. Support for trainers

The College provides a range of training and support for the development of medical educators. This includes the following.

Postgraduate Certificate in Medical Education

The College has developed postgraduate certificates in medical education for radiology and oncology, in collaboration with the University of Dundee. Participants take three modules over the course of a year. Two are core: learning and teaching in medical education and the principles of assessment in medical education plus one optional core module in radiology or oncology.

Supervisor skills workshops

The General Medical Council (GMC) has said that, all educational and clinical supervisors need to be 'appropriately trained' before being allocated named trainees. The Supervisor Skills workshops are designed around the GMC's requirements. The RCR supervisor training workshops are unique in that they are clinical radiology and clinical oncology-

specific, and also cover the specific workplace-based assessments in the respective curricula.

Trainee in Difficulty Workshops

These workshops are jointly delivered with the National Clinical Assessment Service (NCAS). They are designed for anyone who deals first-hand with trainee performance concerns – such as clinical and educational supervisors, college tutors, training programme directors and so on. The workshops are for both clinical oncologists and clinical radiologists.

Training the Trainers

The Training the Trainers course is a two-day course for clinical oncologists and clinical radiologists. The first day of the course covers learning and teaching theories and methods, and the second is focused on teaching in clinical practice and on assessment. The two days may be booked separately if required.

19. Quality assurance

Background

The Conference Of Postgraduate Medical Deans (UK) (COPMeD) publishes A Reference Guide for Postgraduate Specialty Training in the UK otherwise known as 'The Gold Guide'. This document provides guidance to postgraduate deans and others on the arrangements for specialty training in the UK. The GMC Quality Improvement Framework and the Gold Guide expect colleges to take a role in the quality assurance of training. The Gold Guide says: 'Royal Colleges/Faculties and their delegated local representatives also work closely with Health Education England and NHS Education Scotland Regions and Deaneries in Northern Ireland and Wales to ensure that curricula are delivered at a local level and to support the quality management of training delivered within training providers. They also have a role in the quality assurance of the Annual Review of Competence Progression (ARCP) process.'

For the RCR, this has included:

- The development and review of the curriculum and assessment systems to meet GMC standards
 - Running the FRCR examinations and sharing data from these
 - Contributing to deanery and LETB quality assurance processes by providing experienced regional advisers to give external oversight of the ARCP process, and to join deanery/LETB-led visits by invitation
 - Providing specialty-specific questions to the national trainee survey (NTS) and taking a national view of NTS results
 - Providing support for the deanery/LETB applications processes
 - Providing support to training scheme personnel
 - Recording trainees' progress and making recommendations for CCT
 - Producing an annual specialty report commenting on the quality of training nationally and highlighting and specific or general concerns.
-

The RCR is very clear that the responsibility for delivering training lies with the postgraduate deans as exercised through the various school and training programme structures. We are also very clear that the formal process of approving programmes and local education providers (LEPs), and inspecting these by formal visits, is the responsibility of the GMC. Our ambition is to work co-operatively, in partnership with these organisations, in the interests of high-quality training and ultimately patient care.

The RCR's approach to QA

Many of the elected and appointed members of Specialty Training Boards and the QA Committees are current or former heads of school (HoS), regional specialty advisers (RSAs) or training programme directors (TPDs) so we believe that we have an accurate view of the realities of working within deaneries and delivering training.

Our routine gathering of intelligence includes: FRCR exam data; feedback from external advisers at ARCPs; high-level analysis of GMC NTS results; input from trainee forums; and asking TPDs for comments on training issues. These feed into the production of our annual specialty reports to the GMC.

The College has a documented QA process that defines how we respond when any potential concern about the quality of training comes to us. Communication with, and local resolution through, deaneries, LETBs, schools and programmes is seen by us as the default, with support from the College where appropriate. The fact that a concern is brought to our attention by any means (such as anonymous emails from trainees, or by being an outlier in the GMC survey) does not mean we assume that there is a genuine problem, but we will usually ask the local Regional Specialty Adviser (RSA) for an opinion.

Annual Specialty Report

The College is required to report to the GMC on an annual basis. The Annual Specialty Report (ASR) is a concise summary of the education and training in our specialties using exception reporting, highlighting where there are both areas of concern and where there is exceptional practice.

20. Regional Specialty Advisers (RSAs)

Regional specialty advisers are the regional representatives of the RCR with respect to training. They perform a vital role in assuring, on behalf of the College, that national standards for training, curriculum delivery and assessment are maintained and provide an external perspective to the LETBs/deaneries on the quality assurance processes of their training programmes.

The responsibility for delivering training lies with the LETBs/deaneries as exercised through the various school and training programme structures. The process of approving training programmes and locations, and inspecting these by formal visits, is the responsibility of the GMC. Our expectation is that RSAs will work co-operatively to support these organisations in the interests of high-quality training and ultimately patient care in their region. RSAs are also expected to provide some external support outside their local region.

Specific local responsibilities are to:

- Help disseminate and promote College policies and advice on the delivery of training
 - Offer support and advice to heads of school and training programme directors
-

- Offer independent advice and support to trainees and if necessary provide a channel for raising concerns with the local training organisation
- Provide a short annual structured report on their training schemes which contributes to the ASR submitted by the College to the GMC.

Where it is agreed with the local training organisation, RSAs are encouraged to:

- Participate in the local ARCP process to ensure effective annual review of all trainees
- Be a member of their local specialty training committee (or equivalent).

The RSA is also expected to support other LETBs/deaneries in the UK as the College representative providing externality to the attended deanery's ARCP process. This is a major contribution to the deans' quality management process. RSAs provide a short structured report to the local LETB/Deanery which is shared with the RCR.

The College's view is that time is needed in a job plan to perform this role. However, this is a matter for local negotiation and the College cannot enforce this.

21. The International Sponsorship Scheme

The International Sponsorship Scheme (ISS) is a scheme by which non-European economic area overseas radiologists and oncologists can be sponsored to undertake training in the UK, for up to two years, before returning to their home country. It is set up as part of the Department of Health's Medical Training Initiative (MTI).

The process encompasses sponsorship for GMC registration (as an alternative to the PLAB test) and sponsorship for a Tier 5 visa, which allows the overseas doctor entry to the UK to take up the training post for no more than two years.

The RCR collates information about the applicant to sponsor the applicant for GMC registration. The RCR also supports the visa application, by making a recommendation to the Academy of Medical Royal Colleges (AoMRC) for visa sponsorship – the AoMRC is the government-approved visa sponsor.

The applicant must be a clinical radiologist or oncologist overseas and who is taking up a higher level training post in the UK. The applicant must secure an appropriate job offer before applying to the RCR for sponsorship.

22. Communications

Heads of Training Networks

The College maintains a record of all heads of schools of radiology (and the one for clinical oncology), training programme directors and regional specialty advisers. All these 'heads of training' are invited to networking meetings at the College twice a year to facilitate sharing of information and good practice, discussion of concerns and consultation on proposals. In between these meetings, we will send out group emails to these contacts when we think we have useful information to share or a need to gather information and opinions.

Exchange of information

The College will routinely pass trainees' personal data – including data about examination results to the GMC for the purposes of CCT approval, quality assurance and research purposes. We will also collaborate with, and pass on information to LETBs/deaneries and training programmes to support training, out of programme applications and ARCP panels.

We will provide, on request, confirmation of CCT date details only to potential employers to confirm a trainee's eligibility for a consultant post interview.

Trainees are required to give approval for this transfer of personal information as part of the enrolment process of the College.

Group emails

Regular information is passed to members and Fellows via the monthly 'RCR News' emails. This is our normal route for disseminating non-urgent, general information.

The training team will not, as a matter of course, issue specialty-wide emails or surveys to trainees or training staff. External requests for surveys or advertisements for courses/training outside of the College's programmes will be referred as follows.

Surveys – Individuals or groups submitting will be asked to send a brief one page synopsis of the survey, its aims and planned outcome. This will be passed to the College Officers for approval/agreement. This also allows checking for any duplication between these and College surveys.

Advertising events – Individuals or groups submitting will be directed to the 'Advertise your meeting' page on the RCR website.

Contact details – in line with the Data Protection Act, we will not issue regional or national lists of contact details for trainees or training staff. In exceptional circumstances, we will pass an enquirer's contact details to training staff to allow them to decide whether contact should be established. We will not do this for trainee enquiries.

23. Contacts

Please use the following addresses for contacting teams at the RCR. This will ensure that your email is dealt with as quickly as possible in the case of individual members being unavailable.

Training

training@rcr.ac.uk

eportfolio@rcr.ac.uk

Training policy and projects

clinicalcareers@rcr.ac.uk

undergraduate@rcr.ac.uk

RCRLearning@rcr.ac.uk

Equivalence


specreg@rcr.ac.uk

Examinations

examinations@rcr.ac.uk



The Royal College of Radiologists
63 Lincoln's Inn Fields
London WC2A 3JW

+44 (0)20 7405 1282
enquiries@rcr.ac.uk
www.rcr.ac.uk
 @RCRadiologists

The Royal College of Radiologists. *Specialty Training Handbook*. London: The Royal College of Radiologists, 2017.

© The Royal College of Radiologists, April 2017.

For permission to reproduce any of the content contained herein, please email: permissions@rcr.ac.uk

This material has been produced by The Royal College of Radiologists (RCR) for use internally within the specialties of clinical oncology and clinical radiology in the United Kingdom. It is provided for use by appropriately qualified professionals, and the making of any decision regarding the applicability and suitability of the material in any particular circumstance is subject to the user's professional judgement.

While every reasonable care has been taken to ensure the accuracy of the material, RCR cannot accept any responsibility for any action taken, or not taken, on the basis of it. As publisher, RCR shall not be liable to any person for any loss or damage, which may arise from the use of any of the material. The RCR does not exclude or limit liability for death or personal injury to the extent only that the same arises as a result of the negligence of RCR, its employees, Officers, members and Fellows, or any other person contributing to the formulation of the material.